

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4529SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2009
NAME OF PROVIDER OR SUPPLIER LAS VENTANAS RETIREMENT COMM SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 9/30/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022828 was substantiated with deficiencies cited. (See Tags Z125 and Z470)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z125 SS=D	<p>NAC 449.74441 Maintenance</p> <p>6. Information contained in a medical record is confidential and must not be released without the written consent of the patient except:</p> <p>a) As required by law;</p> <p>b) Under a contract involving a third-party payor</p>	Z125		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z125	Continued From page 1 or c) As required upon the transfer of the patient to another medical facility. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to ensure information in a resident's medical record was kept confidential and not released without written consent of the resident or resident's agent. (Resident #1) Severity: 2 Scope: 1	Z125		
Z470 SS=D	NAC 449.74539 Physical Environment 1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to provide a safe and comfortable environment for residents at the facility by failing to follow the facilities security policy and procedure and contact security to deal with an intoxicated, belligerent family member who was accessing medical records without authorization and causing a disturbance to residents at the facility. Severity: 2 Scope: 1	Z470		

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